

PART B - FEE(S) TRANSMITTAL

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1609 7590 10/04/2010

ROYLANCE, ABRAMS, BERDO & GOODMAN, L.P.
1300 19TH STREET, N.W.
SUITE 600
WASHINGTON, DC 20036



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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/541,827	07/11/2005	Jan Tuma	49126	4278

TITLE OF INVENTION: ADHESIVE CLOSING DEVICE PROVIDED WITH A SWITCHING CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300.	\$0	\$1810	01/04/2011
				10/29/2010 SMOHAMM1 00000037	10541827	
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1510.00 OP	
NORRIS, JEREMY C	2841	174-250000		02 FC:1504	300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roylance, Abrams, Berdo & Goodman LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Gottlieb Binder GmbH and Co. KG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Holzgerlingen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-2220 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mark S. Bicks

Date 10/28/10

Typed or printed name Mark S. Bicks

Registration No. 28,770

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